



2022 Community Health Needs Assessment

Community Memorial Hospital, Inc.
Burke, SD



Community Memorial Hospital



Burke, South Dakota

Dear Community Members,

Community Memorial Hospital is pleased to present the 2022 Community Health Needs Assessment (CHNA). We complete a community health needs assessment every three years. The assessment identifies health needs in the community and enables us to strategically plan to address those needs.

Earlier this year, members of the community were invited to complete a survey to help identify unmet health needs across a range of social determinants of health. These include economic well-being, transportation, children and youth, the aging population, safety, access to services, and mental/behavioral health.

Sanford Health provided support for the CHNA process, including analysis of the data from the primary survey research and key secondary data points from County Health Rankings, along with leading a facilitated discussion with key stakeholders in the community to help prioritize the identified health needs.

After completing this year's assessment, Community Memorial Hospital will address the following health needs in a formalized implementation strategy for 2023-2025:

- Physical Activity and Healthy Living
- Access to Health Care Providers

The CHNA process also highlights the many strengths, support, and resources available to residents of our community. This report includes an overview of the community assets offered to address various community health needs. Additionally, we have included an impact report detailing progress made to date with implementation strategies from the previous assessment.

Our team is truly grateful to the community members who participated in this year's assessment process. We appreciate your commitment to the health and wellness of our community. We look forward to collaborating with community partners to continue to improve the quality of life for all.

Sincerely,

Mistie Drey
Chief Executive Officer
Community Memorial Hospital
Burke, SD

Community Description

Burke, SD has a population of 604 residents and is the county seat of Gregory County. Burke is a rural farming and ranching community located in south central South Dakota. The economy is primarily agricultural, including businesses and services that support agriculture producers. Education and health services account for the largest non-agriculture industries. The area serves as a recreational destination for many neighboring counties with world-class hunting, fishing, and recreational activities on the Missouri River. The community as defined for purposes of the Community Health Needs Assessment includes Gregory County, SD. Demographic detail for the county is included in the appendix.

Partners

The Community Health Needs Assessment is the result of the hard work and coordination of numerous people within the organization and among community partners. Community Memorial Hospital would like to thank and acknowledge the following for their assistance. The development of the program would not have been possible without their expertise regarding the communities and populations we serve.

Burke Community Partners

We express our gratitude to the following community collaborative members for their participation in the community stakeholder meeting:

- Mistie Drey, CEO
- Tami Lyon, CFO
- Becky Jones, Hospital Board Member; First Fidelity Bank Employee
- Philip Henning, Pastor, Grace Lutheran Church
- Robby Thompson, Superintendent, Burke School District
- Sara Koupal, Human Resources
- Jessica Sargent, Medical Records
- Suzette Brychta-Johnson, Farm Bureau Financial Services
- Tammi Hotz, Director of Nursing; Burke Ambulance Service
- Teri Schoenfeld, Community Health Nurse
- Terri Wiedman, Hospital Billing
- Tyler VanMetre, Clinic Manger, Pharmacist & City Council Member
- Tom Glover, Board Chair
- Peg Glover, Retired Teacher
- Valerie VanMetre, Dietitian; Fitness on Main Board Member
- Ashley Peck, Radiology Manager
- Lynne Bentz, Clinic Billing
- Jody Young, First Fidelity Bank
- Kris Hauf, Clinic Coding
- Amanda Steffen, Patient Support Services; Burke Ambulance Service
- Ben Hosford, Director of Plant Operations
- Ashlyn Rutten, Lab Manager
- Haley Johnson, Lab Technician
- Delaine Warner, Housekeeper
- Shirleen Kimerer, Payroll
- Patty Jones, Purchasing
- Nancy Johnson, Dietary Manager
- Craig Drey, Maintenance

Regional Health Partners

This report utilizes a needs assessment process developed by Sanford Health in coordination with health partners from Minnesota, South Dakota, and North Dakota.

- Jeanne Larson, Executive Director, Northern Dental Access Center
- Carol Biren, Division Director, Southwest Health and Human Services
- Cynthia Borgen, Director, Beltrami County Public Health
- Mary Michaels, Public Health Prevention Coordinator, Sioux Falls Department of Health
- Renae Moch, Director, Burleigh Public Health and President, North Dakota Public Health Association
- Ann Kinney, Senior Research Scientist, Minnesota Department of Health
- Jennifer Nelson, Public Health Educator, Southwest Health and Human Services
- Julie Ward, Vice President of Strategy and Social Innovation, Avera Health
- Jody Lien, Director, Ottertail Public Health
- Karen Pifher, Community Health Program Manager, Essentia Health
- Lori Jensen, Public Health Nurse, Beltram County Health and Human Services
- Erica Solseth, CHI St. Alexius Health
- Sister Nancy Miller, Director Mission Integration, CHI St. Alexius Health
- Nancy Hodur, Director, North Dakota State University Center for Social Research
- Karen Olson, Research Specialist, North Dakota State University Center for Social Research

Sanford Health Partners

- Christina Ward, Senior Strategic Planning Advisor, Sanford Health
- Andy Wiese, Head of Strategic Intelligence, Sanford Health
- Michelle Micka, System Vice President, Finance, Health Services
- Dr. Jeremy Cauwels, System Vice President, Chief Physician
- Corey Brown, System Vice President, Government Affairs
- Clarence Mellang, Head of People Engagement
- Michelle Bruhn, Executive Vice President, Chief Financial Officer, and Treasurer
- Blayne Hagen, Executive Director, Legal
- Stacy Wrightsman, Senior Director, Community Relations
- Matt Ditmanson, Head of Community Relations
- Emily Griese, Vice President, Operations and Population Health
- Marnie Walth, Head of Legislative Affairs
- Joseph Beaudreau, Peer Recovery Specialist, and Indian Health Advocate
- Phil Clark, Director, Market Insights
- Shawn Tronier, Lead Marketing Analyst
- Amber Langner, Vice President, Treasury
- Catherine Bernard, Director, Tax
- Deana Caron, Senior Tax Accountant

Community Memorial Hospital Description

Community Memorial Hospital, Inc. (CMH) is a 16-bed critical access hospital located in Burke, South Dakota, providing a full range of diagnostic and therapeutic services for the community. It provides inpatient, outpatient, and skilled swing beds and 24-hour emergency services.

CMH operates two provider-based rural health clinics located in the communities of Burke and Bonesteel. Community Memorial Hospital was incorporated in 1945 and first opened its doors in 1948. It is the largest employer in the community with 62 employees.

CHNA Purpose

The purpose of a community health needs assessment is to develop a global view of the population's health and the prevalence of disease and health issues within our community. Findings from the assessment serve as a catalyst to align expertise and develop a Community Implementation Plan of Action. There is great value in a community health needs assessment when it serves to validate not-for-profit status and create opportunity to identify and address public health issues from a broad perspective.

A community health needs assessment identifies the community's strengths and areas for improvement. A community health needs assessment is critical to a vital Community Implementation/Community Benefit Program that builds on community assets, promotes collaboration, improves community health, and promotes innovation and research. A community health needs assessment also serves to validate progress made toward organizational strategies and provides further evidence for retaining our not-for-profit status.

Regulatory Requirements

Federal regulations stipulate that non-profit medical centers conduct a community health needs assessment at least once every three years and prioritize the needs for the purpose of implementation strategy development and submission in accordance with the Internal Revenue Code 501(r)(3).

The Internal Revenue Code 501(r)(3) requires that each hospital must have: (1) conducted a community health needs assessment in the applicable taxable year; (2) adopted an implementation strategy for meeting the community health needs identified in the assessment; and (3) created transparency by making the information widely available.

The regulations stipulate that each medical center consider input from persons who represent the broad interests of the community. Hospitals are required to seek at least one state, local, tribal, or regional government public health department or state Office of Rural Health with knowledge, information, or expertise relevant to the health needs of the community.

Non-profit hospitals are required to seek input from members of medically underserved, low income, and minority populations in the community, or organizations serving or representing the interest of such populations, and underserved populations experiencing disparities or at risk of not receiving adequate care as a result of being uninsured or due to geographic, language, financial, or other barriers.

The community health needs assessment includes a process to identify community resources that are available to address the assessed needs and to prioritize the needs.

Hospitals are to address each and every assessed need or explain why they are not addressing the needs. Once the needs have been identified and prioritized, hospitals are required to develop

an implementation strategy to address the top needs. The strategies are reported on the IRS 990 and a status report must be provided each year on IRS Form 990 Schedule H.

Finally, hospitals are to be transparent with the findings and make the written CHNA report available to anyone who asks for the report. The CHNA reports and the implementation strategies can be found on the Community Memorial Hospital or Sanford webpages. Hospitals are required to keep three cycles of assessments on the web site.

The hospital extended a good faith effort to engage all the aforementioned community representatives in the survey process. We worked closely with public health experts throughout the assessment process. Public comments and responses to the community health needs assessment and the implementation strategies are welcome on the website. No community comments or questions have been made via the website link or email address.

CHNA Process

Community Memorial Hospital worked with Sanford Health to utilize a process developed in coordination with public health experts, community leaders, and other health care providers, within the local community and across South Dakota, North Dakota, and Minnesota, developed a multi-faceted assessment program designed to establish multiple pathways for health needs assessment.



Limitations

The findings in this study provide an overall snapshot of behaviors, attitudes, and perceptions of residents living in the community. A good faith effort was made to secure input from a broad base of the community. However, gaps in individual data sources may arise when comparing certain demographic characteristics (i.e., age, gender, income, minority status) with the current population estimates. For example, these gaps may occur due to the difficulty in contacting them through the survey process.

To mitigate limitations, the CHNA evaluates community health from several perspectives; a stakeholder and community survey, meetings with community leaders that have special knowledge and expertise regarding populations, secondary data sources such as the U.S. Census Bureau and County Health Rankings, public comments from previous assessments, and institutional knowledge by Sanford employees locally and across the Sanford enterprise.

Community and Stakeholder Survey

Members of the community were asked a series of questions through an online survey designed in partnership with health experts and public health officials across the Sanford footprint to understand the needs of the community based upon the UW Population Health model. Each respondent was asked to rate community drivers from poor to excellent. Any response other than excellent was offered a follow up opportunity to comment on the reason. Respondents were also asked a series of questions specific to their health care access, health care quality, barriers to care, travel to care, and insurance. The survey was sent to a sample of Gregory County populations secured through Qualtrics, a qualified vendor. The full set of questions is available in the appendix.

To further promote community involvement the survey was also sent to community stakeholders and elected officials with knowledge and connections amongst medically underserved, low income, or minority populations. Stakeholders were asked to complete the instrument as a resident of the community and forward the survey to their respective populations for greater involvement.

Survey data for the local community should be considered directional and best utilized in conjunction with additional data. A total of 98 of respondents from the CHNA area completed the survey.

Secondary Data

County Health Rankings is based upon the UW Population Health model and serves as the main secondary data source utilized for the community health needs assessment. Alignment of the survey and secondary data within the UW Population Health model allows for greater connection of the data sets. Population data are sourced to the U.S. Census Bureau. Additional data sources may be used and are sourced within the document.

Health Needs Identification Methodology

Sanford Health's Office of Strategic Planning provided analysis to identify the initial community health needs list. The following methodology was used to develop the significant health needs presented later in the report:

- To identify community health care needs, Burke's community's score by question was compared to the average stratified composite of a comparative group that completed the survey in other communities within the region. For example, if the composite stratified system-wide average score is 4 and an individual community's average response was 2.5, that would suggest an issue of concern and a potential community health care need to be highlighted in the summary findings.
- Upon determination of a potential strength or need, County Health Rankings (<https://www.countyhealthrankings.org/>) and responses from open-ended questions provided additional insights into the drivers of the respective needs.
- A similar methodology was also used to provide additional insights into findings from County Health Rankings data with relevant health needs highlighted in the survey findings.
- Health needs identified through either the survey or County Health Rankings data but not both were also included in the findings.

Community Asset Mapping

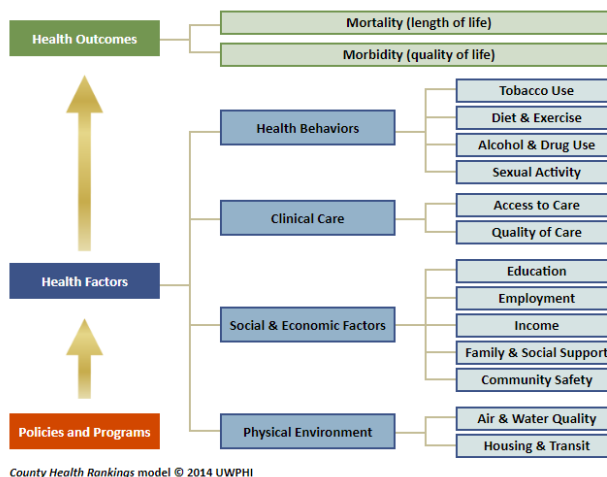
Asset mapping was conducted to find the community resources available to address the assessed needs. Each unmet need was researched to determine what resources were available to address the needs. Once gaps were determined, the prioritization exercise followed with key stakeholder groups determining the top needs.

Community Stakeholder Meeting

Community stakeholders were invited to attend a presentation of the findings of the CHNA research. Facilitated discussion commenced and each participant was asked to consider the needs identified above that should be further developed into implementation strategies. Health needs identified during the previous cycle but not raised through the survey or County Health Rankings were also considered. The meeting served to inform the group of the findings but also served as a catalyst to drive collaboration.

The facilitated discussion sought to inform on several aspects:

- What are the biggest challenges currently with these needs in the community?
- Does the community have gaps in services, access, outreach, etc.?
- Opportunities – where can we have greatest impact in addressing these needs?



- Which are most urgent in nature?
- Is there work being done on these identified needs?
- What are the resources currently not utilized within the community that could address this topic?
- Which fall within the purview of healthcare system, and which do not? Can the non-healthcare needs be shared with other entities or organizations?
- Is there anything you consider an urgent need that we have not discussed?

Hospital leadership proposed which specific health needs would be addressed within the implementation plan, with input and support from the community members. Administrator recommendations were based upon all factors, including primary and secondary data, input from the community stakeholder meeting, and scalability of current hospital programs and resources to address the identified needs efficiently and effectively. All identified needs not addressed in the implementation plan will be shared with other community partners for action. Requests for survey data and other CHNA assets by public health organizations, governmental bodies, and community partners were and continue to be supported.

Community Definition

Gregory County is the community primarily served by Community Memorial Hospital and represents a majority of its volumes. No population was excluded from the process.

COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

Community Health Summary

CHNA respondents were asked to rate various community health issues and their personal health and wellness on the following 1 to 5 scale: 1= poor, 2= fair, 3= good, 4= very good, 5= excellent.

Overall, perceptions among CHNA respondents in the Burke area regarding the quality of health care in the local community were very good (average score=4.3). Among individual drivers of health, the community rated above the comparison group average for most factors.

- Safe place to live (4.3)
- Environmental health of the community (4.3)
- Quality of childcare, daycare, and pre-school services (3.9)
- Access to healthy and nutritional foods (3.6)
- Access to physical activity and exercise opportunities (3.5)
- Community employment and economic opportunities (3.3)
- Long-term nursing care and senior housing quality (3.2)
- Access to transportation (2.6)
- Availability of affordable housing (2.1)

Only long-term nursing care and senior housing quality, availability of affordable housing, and access to transportation rated below the comparison group average.

When asked about their personal health, CHNA respondents in the Burke area rated their current health and wellness as good (average score=3.5), in line with the peer average. County Health Rankings rated Gregory County 36th in health outcomes and 44th in health factors among 66 counties in South Dakota with lower-than-average health outcomes and health factors compared to the state as a whole.

Significant Health Needs Identified

Affordable Housing

There is a strong and growing evidence base linking stable and affordable housing to health. As housing costs have outpaced local incomes, households not only struggle to acquire and maintain adequate shelter, but also face difficult trade-offs in meeting other basic needs. When the majority of a paycheck goes toward the rent or mortgage, it can be difficult to afford doctor visits, healthy foods, utility bills, and reliable transportation to work or school. This can lead to increased stress levels and emotional strain.

The availability of affordable housing was rated lower than any other community health issue by survey respondents with a score of fair (average score=2.1). When asked why they rated it as less than excellent, 75% of respondents indicated it was due to a lack of available affordable homes and rentals units. Homeownership rates (74%) are higher than state averages (68%), but one in ten residents face a severe housing problem, such as overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.

During the local stakeholder meeting convened to discuss the assessment findings, the group generally agreed that housing cost and availability has been an issue in the community. The

group noted the most effective approach continues to be working collaboratively as a community, with both private and public sector involvement, to address housing needs.

Local Asset Mapping	
<p>Affordable Housing Resources:</p> <ul style="list-style-type: none"> Burke Housing & Redevelopment Commission: 605-775-2676 Rural Office of Community Services: 605-487-7635 <p>Low Income Apartments:</p> <ul style="list-style-type: none"> Rosebud Apts.: 605-775-2531 Parkview Manor: 605-775-2531 	<p>Employment Resources:</p> <ul style="list-style-type: none"> Winner Department of Labor & Regulation Office: 605-842-0474 SD Works: 605-626-2301 or www.southdakotaworks.org DLR On-the-Job Training Program: 605-773-4133

Transportation

Transportation systems help ensure that people can reach everyday destinations, such as jobs, schools, healthy food outlets, and health care facilities, safely and reliably. Public transportation services play an important role for people who are unable to drive, people without access to personal vehicles, children, individuals with disabilities, and older adults.

CHNA respondents in the Burke area rated access to daily transportation as fair (2.6), one of only two issues to be rated less than good. The lack of publicly available transportation (50%) was cited as the most frequent reason for the score, followed by general availability comments. More than nine out of ten respondents indicated their primary mode of transportation is an owned or leased automobile.

Stakeholders discussed the transportation findings, commenting on the various ways Community Memorial Hospital supports patients in getting to their appointments. Transportation options overall in the community are limited, with Gregory Transit being the primary option for public transportation in the area.

Local Asset Mapping	
<ul style="list-style-type: none"> Gregory Transit: 605-830-7216 	

Long-Term Care, Nursing Homes, and Senior Housing

Long-term care refers to a broad range of services and supports to meet the needs of frail older adults and other people who are limited in their abilities for self-care because of chronic illness, disability, or other health-related conditions. These services help people live as independently and safely as possible when they can no longer perform everyday activities on their own. Care may be provided in the home, a nursing home, or in a variety of other settings.

CHNA survey respondents scored the quality of long-term care and senior housing services in the community as good (3.2); however, the score was slightly lower than the peer group average. When asked the reason for their ranking, half of those responding to the question gave an answer centered on access and availability. General quality concerns were the second most common answer at 30%. Lack of staff was referenced by 18% of respondents.

The stakeholder group discussed senior care services in the area noting that staffing continues to be a challenge. There was agreement that this is a community need that will require a collaborative approach, with relevant partners working together to improve access to care for local seniors.

Local Asset Mapping	
<p>LTC Resources:</p> <ul style="list-style-type: none"> • TLC Assisted Living Home: 605-775-6316 • Avera Rosebud Country Care Center Nursing Home (Gregory, SD): 605-835-8926 • Silver Threads Assisted Living (Gregory, SD): 605-835-9717 • Haisch Haus Assisted Living (Bonesteel, SD): 605-654-9045 <p>Memory Care Resources:</p> <ul style="list-style-type: none"> • TLC Assisted Living Home: 605-775-6316 <p>Low Income Apartments:</p> <ul style="list-style-type: none"> • Rosebud Apts.: 605-775-2531 • Parkview Manor: 605-775-2676 	<p>Winner Long-Term Services and Supports Office: 605-842-8419</p> <p>SD Medicaid/DSS: 800-305-3064</p> <p>Rural Office of Community Service (Senior Nutrition Provider): 605-384-3883</p> <p>Dakota at Home Aging and Disability Resource Center: 605-773-5990</p>

Access to Health Care Providers

Access to care requires not only financial coverage, but also access to providers. While high rates of specialist physicians have been shown to be associated with higher (and perhaps unnecessary) utilization, sufficient availability of primary care physicians is essential for preventive and primary care, and, when needed, referrals to appropriate specialty care.

Quality of care was rated as very good (4.3) which is above the average for the comparison group. However, nearly half (46%) of respondents answered affirmatively when asked if there are healthcare services that could be offered or improved. As a follow up, those answering affirmatively were asked to indicate which services should be offered or improved. The five most common mentions were eye services (49%), dermatology (36%), labor and delivery (33%), OB/Gyn or women’s care (27%) and cancer care (24%). Addiction treatment (22%) and mental health (13%) scored relatively low for need by respondents, although County Health Rankings indicates there is only one mental health provider for every 4,220 residents, compared to the state average of 500:1.

Only 2% of respondents indicated that they or someone in their family did not receive needed medical care. However, 87% noted that they or a member of their family traveled outside the community for care in the past three years. The two most common reasons cited were specialists not available locally (87%) and they were referred by a physician (10%).

During the stakeholder meeting, there was acknowledgement that getting access to some of the specialty services mentioned by survey respondents – i.e., dermatology – would be a significant challenge. The discussion focused on leveraging virtual care, remote monitoring, and other technology-driven options to improve access to services. Additionally, Community

Memorial Hospital will increase promotion of existing outreach services available in the community to increase awareness.

Local Asset Mapping	
<p>Insurance Resources:</p> <ul style="list-style-type: none"> • SD DHS Prescription Assistance Program: 605-773-3656 • Farm Bureau Insurance: 605-775-8290 • The Insurance Center: 605-775-2602 • Southern Dakota Insurance Agency: 605-775-2097 • SD Medicaid/DSS: 800-305-3064 • Fidelity Agency: 605-775-2641 	<p>Mental Health Resources:</p> <ul style="list-style-type: none"> • Burke Clinic: 605-775-2621 • Bonesteel Clinic: 605-654-9021 • SD Division of Behavioral Health: 605-367-5236 • Southern Plains Behavioral Health Clinic, Gregory, SD: 605-835-8505 • Rising Hope Counseling: 605-494-1500 • National Suicide Prevention Hotline: 800-273-8255 • NAMI of South Dakota: 605-271-1871

Healthy Living

In the United States, many of the leading causes of death and disease are attributed to unhealthy behaviors. For example, poor nutrition and low levels of physical activity are associated with higher risk of cardiovascular disease, type 2 diabetes, and obesity. Tobacco use is associated with heart disease, cancer, and poor pregnancy outcomes if the mother smokes during pregnancy. Excessive alcohol use is associated with injuries, certain types of cancers, and cirrhosis.

In the survey, access to physical activity and exercise opportunities were rated good (average score=3.5) and people rated their health and wellness as good (average score=3.5). The County Health Rankings indicates that 34% of the county’s adult population is obese and 33% of adults aged 18 and over report no leisure-time physical activity. Additionally, only 35% of the population has adequate access to locations for physical activity, as opposed to the state average of 66%. Chronic conditions and general health issues were the most frequent response (15%) given when asked what the biggest health care concern is faced by the respondent or their family on a daily basis.

Stakeholders discussed this finding during the local meeting and agreed that healthy living is a critically important focus area. Access to healthy food and physical activity options not only impact chronic disease prevention efficacy, but more broadly, overall quality of life. As such, this need is included as a key focus area for the next 3-year implementation plan with strategies including wellness challenges and community education.

Local Asset Mapping	
<p>Rural Office of Community Service (Senior Nutrition Provider): 605-384-3883</p> <p>Burke Clinic: 605-775-2621</p> <p>Bonesteel Clinic: 605-654-9021</p> <p>Gregory County Social Services: 605-775-2683</p>	<p>City of Burke Public Health Nurse: 605-775-2634</p> <p>Fitness on Main: 605-775-2166</p> <p>Post 36 Fitness (Bonesteel, SD)</p>

Community Memorial Hospital Area of Focus

The significant health needs noted above were brought forward as topics of discussion at the local stakeholder meeting, which brought together a range of community leaders with knowledge of medically underserved, low income, or minority populations. Members of the local public health agency were invited, and Sanford Health staff were also present. List of attendees is included in the introduction.

Stakeholders discussed the health needs, causes, and provided additional insight for their local populations and community resources. Participants were also encouraged to offer additional needs that may not have been raised during the research process; none were brought forward.

Ultimately, Physical Activity / Healthy Living and Access to Health Care Providers were selected as top needs for prioritization in the 2023-2025 implementation plan.

IMPLEMENTATION PLAN

The Community Health Needs Assessment identified two specific areas for focus for the 2023-2025 implementation cycle:

1. Physical Activity & Healthy Living
2. Access To Health Care Providers

Priority 1: Physical Activity and Healthy Living

Community Memorial Hospital will continue to work to make a positive impact on improving the health of community members through both physical activity and healthy lifestyle choices. Our medical staff take a very proactive approach in managing these areas within our patient population.

Current activities

The hospital currently funds fitness classes at two of the local fitness centers. The funding allows fitness classes to be offered to the public at no cost eliminating financial deterrence.

Providers focus on chronic disease management, preventative care, and encourage healthy lifestyles during visits. Community Memorial Hospital offers annual influenza clinics and began offering COVID-19 vaccinations in 2020. The hospital went on-site to the assisted living facilities in the area for safety of the residents. Fall and Spring health fairs are also held offering free or reduced cost lab tests.

Projected Impact

Improved physical activity and nutrition for the community

Goal 1: Provide increased opportunities for physical activity.

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be Committed	Leadership	Community Partnerships & Collaborations: if Applicable
CMH will routinely review events in the community that promote physical activity. Review the need to provide sponsorship support to the various events and activities.	Number of Sponsorships	Management Team	Admin Team	Various Community Organizations
Establish Wellness Challenges	Number of Participants at Start & End of Program	Management Team	Management Team Marketing	Fitness on Main

Goal 2: Bring awareness to employees and community regarding the importance of being healthy and keeping active

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be Committed	Leadership	Community Partnerships & Collaborations: if Applicable
Educational opportunities provided to the community to encourage healthy eating	Attendance County Obesity Rates	Management Team Contract Dietitian	Management Team Marketing	Fitness on Main SODAK Dietitian Public Health Nurse
Promoting health and well-being by educating local students on healthy food choices and the benefits of living an active lifestyle.	Educate students throughout the year	Management Team Contract Dietitian	Management Team	Burke School District

Priority 2: Access to Health Care Providers

Current activities

Community Memorial Hospital offers services locally and through outreach providers. Laboratory, Radiology, and Emergency services are available 24 hours a day, 7 days a week. Sanford Cardiology is on site monthly, and Sanford Nephrology is also available via tele-med monthly.

Projected Impact

Increase community awareness of current outreach services and availability of outreach services and/or telehealth services.

Goal 1: Create community awareness of outreach services

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be Committed	Leadership	Community Partnerships & Collaborations: if Applicable
Establish Marketing Campaign for Existing Outreach Services	Develop marketing campaign for current services in Burke, both on site and tele-medicine	Management Team Marketing CMH Providers	Management Team Marketing	Sanford Health
Provide outreach information to patients and staff	Provide outreach provider biographies and information on each service annually	Management Team Marketing	Management Team	Sanford Health

Goal 2: Increase access to specialty care at Community Memorial Hospital

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be Committed	Leadership	Community Partnerships & Collaborations: if Applicable
Identify and prioritize specialty services for 2023	Specialty needs identified by May 2023; increased specialty appointments & utilization locally	Management Team CMH Providers	Management Team Marketing	Sanford Health
Recruit for additional outreach providers/services	Ongoing outreach appointments and patient utilization	Management Team	Admin Team	Sanford Health

Needs Not Addressed

Needs identified during the CHNA process—as referenced in the Community Health Needs Assessment Report above—not being addressed as a significant need for the purpose of this process:

Affordable Housing

Not included in the implementation plan as the local development group is currently addressing the need and in the process of building their first spec home. Information from the CHNA survey will be shared with community members and local organizations as affordable housing solutions are discussed. Community Memorial Hospital offers financial assistance for medical bills for those facing financial hardship.

Transportation

Not included in the implementation plan as the stakeholder group indicated that it is not a top health care need at this time. The hospital offers transportation assistance for patients as needed. There are other community groups looking into increased accessibility including sidewalks, bike trails, etc.

Long-Term Care, Nursing Homes, and Senior Living

Senior care services were not included for prioritization in the implementation plan. However, Community Memorial Hospital assists patients and their families in finding placement as needed, to fit their individual needs.

Physical Health

Community Memorial Hospital is continuously promoting physical activity and health in community members of all ages. The hospital works with two local fitness centers to sponsor public fitness classes. The hospital sponsors the classes so there is no charge to the public or financial deterrence. The hospital also collaborates with the local fitness center, Fitness on Main, for an annual wellness challenge.

The hospital provides annual spring and fall health fairs with free or reduced cost labs. Reduced cost wellness labs were recently added that have been extremely popular. Annual flu vaccines are offered along with a drive-up flu clinic for ease and convenience. Heart and Vascular Screenings are offered on site annually as well as a local blood drive.

Community Memorial Hospital supported various events through sponsorship of organizations such as the Cougar Athletic Club and sponsored a Breast Cancer Awareness Walk at the local lake. The walk was in recognition of those who have battled the disease as well as promoting annual mammograms. Staff presented the local school with various items to promote physical activity on the playground to include basketballs, kickballs, etc.

Community Memorial Hospital also donated to the addition of a splash pad to the city park. The splash pad will meet the healthcare and wellness priority as well children and youth finding. The goal is to provide a safe and accessible water recreation option in the community that currently does not exist. It is a fun way to increase physical activity and decrease childhood obesity. Our local Physician and Chief Executive Officer were key members of the committee that worked on the implementation of the splash pad.

Mental Health

Tremendous strides have been made in mental health and behavioral health within the community. It has been a goal to get mental health services in the community for a long time and we were able to secure services which has made a significant impact on the community so much so that mental health is no longer on the top five concerns of community members. There are currently 3 full time mental health counselors on campus. The space is leased from the hospital. Medication management was a new service implemented in 2022 which has also been remarkably successful. The hospital was also a sponsor for the first annual Colored in HOPE Awareness Walk sponsored by the local counseling service. The run/walk provided awareness for suicide and mental illness. The event had approximately 100 members of the community and surrounding communities in attendance

Community Memorial Hospital has increased completion of PHQ9s. Providers have also made strides in significantly decreasing the number of opioids prescribed. Staff and providers are routinely given updates on best practices regarding opioid prescribing. The facility also installed a Med Drop Box in the clinic for individuals to safely discard their prescription medications.

The 2019 Community Health Needs Assessment helped identify concerns within the community and determine areas of improvement. Implementation strategies were put in place that have been highly successful overall. Community members have been very appreciative of the strategies, and it has reflected in a positive impact. As a facility, we look forward to continuing such work and making improvements.

CONTACT INFORMATION

The Community Health Needs Assessment, Implementation Plan, and survey data are available online at <https://www.cmhburke.org/about> or <https://www.sanfordhealth.org/about/community-health-needs-assessment>. The websites include current and historical reports.

Anyone wishing to receive a free printed copy, obtain information on any topic brought forth in the report, or offer public comments for consideration during the implementation plan or future Community Health Needs Assessment work, please contact us at Community.Benefits.Sanford@SanfordHealth.org or visit <https://www.sanfordhealth.org/contact-us>.

APPROVAL

The information presented in the Community Health Needs Assessment and Implementation Plan were approved by the Community Memorial Hospital Board of Directors.

APPENDIX

Survey Responses

Survey responses are available through an online dashboard at <https://www.sanfordhealth.org/about/community-health-needs-assessment>

Expanded Demographics¹

Gregory County had a population of 3,977 in 2021. The population decreased by 0.4% while the population of SD grew 1% from 2010-2019. The population is notably older than the state average with 25.8% of residents over the age of 65, versus 17.5% for the state of SD. Most demographic groups for the county are aligned with a higher frequency of White Alone but a lower frequency of most minority groups than the state as a whole.

The median home value in the county of \$97,300 is significantly lower than the state median at \$174,600. The median income for SD (\$59,896) is higher than the median income (\$44,706) for Gregory County. Residents of the county have a lower frequency of both computers and internet access than SD as a whole. The county and the state have similar high school graduation rates, but the state is ahead of the county in secondary education rates.

	Gregory County, SD	South Dakota
Population estimates, July 1, 2021, (V2021)	3,977	895,376
Population estimates base, April 1, 2020, (V2021)	3,994	886,667
Population, percent change - April 1, 2020 (estimates base) to July 1, 2021, (V2021)	-0.4%	1%
Population per square mile, 2020	3.9	11.7
Persons under 5 years, percent	6%	6.6%
Persons under 18 years, percent	24.2%	24.6%
Persons 65 years and over, percent	25.8%	17.5%
White alone, percent	87.4%	84.2%
Black or African American alone, percent	0.5%	2.5%
American Indian and Alaska Native alone, percent	8.2%	9%
Asian alone, percent	0.6%	1.7%
Native Hawaiian and Other Pacific Islander alone, percent	0.1%	0.1%
Two or More Races, percent	3.2%	2.6%
Hispanic or Latino, percent	1.7%	4.6%
White alone, not Hispanic or Latino, percent	86.5%	80.8%
Median value of owner-occupied housing units, 2016-2020	\$97,300	\$174,600
Median gross rent, 2015-2019	\$525	\$761
Households with a computer, percent, 2016-2020	80%	90.2%

¹ <https://www.census.gov/quickfacts>

Households with a broadband Internet subscription, percent, 2016-2020	75.9%	83.2%
High school graduate or higher, percent of persons aged 25 years+, 2016-2020	91.1%	92.2%
Bachelor's degree or higher, percent of persons aged 25 years+, 2016-2020	21.5%	29.3%
With a disability, under age 65 years, percent, 2016-2020	6.1%	7.8%
Persons without health insurance, under age 65 years, percent	15.2%	11.6%
Median Household income (in 2020 dollars), 2016-2020	\$44,706	\$59,896
In civilian labor force, total, percent of population age 16 years+, 2016-2020	60.3%	67.5%
Total employer establishments, 2020	181	27,236
Total employment, 2020	1,042	364,440
Total employment, percent change, 2019-2020	-1.3%	1.5%

CHNA Survey Questionnaire

The survey tool was delivered online via Qualtrics. The survey questions are presented below as a reference.

Thank you for your interest in the Community Health Needs Assessment. Your confidential responses are vital to helping understand the factors driving the health needs of the community.

RESIDENCE

Please enter your county of residence: _____

Please enter your zip code: _____

What is your current age? _____

COMMUNITY

How would you rate the quality of HEALTH CARE available in your community?

Poor Fair Good Very Good Excellent Don't Know

In your opinion, what is the most important HEALTH CARE issue your community faces?

How would you rate the quality of LONG-TERM CARE, NURSING HOMES & SENIOR HOUSING services in your community?

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate the quality of CHILDCARE, DAYCARE & PRE-SCHOOL services in your community?

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

01000-01802 1.01

1

How would you rate the availability of AFFORDABLE HOUSING in your community?

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate the ability of residents to ACCESS DAILY TRANSPORTATION in your community?

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate your community's EMPLOYMENT & ECONOMIC OPPORTUNITIES?

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate your community as being a SAFE place to live?

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate the ENVIRONMENTAL health of your community?

(clean air, clean water, etc.)

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate the ability of residents to access HEALTHY & NUTRITIONAL FOODS in your community?

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate the ability of residents to access PHYSICAL ACTIVITY & EXERCISE OPPORTUNITIES in your community?

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

YOUR HEALTH AND WELLNESS

Overall, how would you rate YOUR current state of health & wellness?

Poor Fair Good Very Good Excellent Don't Know

What is the biggest HEALTH CARE concern you or your family face on a regular basis?

Are there any health care services that you would like to see OFFERED or IMPROVED in your community?

- Yes Please answer next question
- No Skip to 'Your Health Care Usage' section

Please select the health care services you would like to see OFFERED or IMPROVED in your community. (Select all that apply)

- | | |
|---|---|
| <input type="radio"/> Addiction Treatment | <input type="radio"/> Heart Care |
| <input type="radio"/> Behavioral Health / Mental Health | <input type="radio"/> Labor and Delivery |
| <input type="radio"/> Cancer Care | <input type="radio"/> Long-Term Care / Nursing Homes |
| <input type="radio"/> Chiropractic Care | <input type="radio"/> Orthopedics and Sports Medicine |
| <input type="radio"/> Dental Care | <input type="radio"/> OBGYN / Womens' Care |
| <input type="radio"/> Dermatology | <input type="radio"/> Pediatrics / Childrens' Care |
| <input type="radio"/> Emergency / Trauma | <input type="radio"/> Walk-in / Urgent Care |
| <input type="radio"/> Eye Services (Ophthalmology, Optometry) | <input type="radio"/> Other (please specify): |
| <input type="radio"/> Family Medicine / Primary Care | |
| <input type="radio"/> General Surgery | |

YOUR HEALTH CARE USAGE

Do you currently have a primary care physician or provider who you go to for general health issues?

- Yes No

How long has it been since you last visited a physician / provider for a routine check up or screening?

- | | |
|---|---|
| <input type="radio"/> Within the past year | <input type="radio"/> More than 5 years ago |
| <input type="radio"/> Within the past 2 years | <input type="radio"/> Never |
| <input type="radio"/> Within the past 5 years | |

What has kept you from having a routine check-up? (Select all that apply)

- Cost/Inability to Pay
- COVID-19
- Don't feel welcomed or valued
- Don't have insurance
- My insurance is not accepted
- Lack of transportation
- Distance / lack of local providers
- Getting time off from work
- No child care
- Wait time for appointments are too long
- Clinic hours are not convenient
- Fear / I do not like going to the doctor
- Nothing / I do not need to see a doctor
- Don't have a primary care physician
- Other (please specify):

How would you rate your current ability to ACCESS health care services?

- Poor
- Fair
- Good
- Very Good
- Excellent

Why did you give it that rating?

In the past year, did you or someone in your family need medical care, but did not receive the care needed?

- Yes
- No
- Unsure

What are the reasons you or a family member did not receive the care needed?

- Cost/Inability to Pay
- COVID-19
- Don't feel welcomed or valued
- Don't have insurance
- My insurance is not accepted
- Lack of transportation
- Distance / lack of local providers
- Getting time off from work
- No child care
- Wait time for appointments are too long
- Clinic hours are not convenient
- Fear / I do not like going to the doctor
- Nothing / I do not need to see a doctor
- Don't have a primary care physician
- Other (please specify):

TRAVELING FOR CARE

Have you or a member of your family TRAVELED to receive health care services outside of your community within the past 3 years?

- Yes No

If yes, Where did you travel to? (If you traveled more than once, enter the most recent place you traveled to?)

City _____ State _____

What was the main reason you traveled for care? (select all that apply)

- | | |
|---|--|
| <input type="radio"/> Referred by a physician | <input type="radio"/> Immediate / faster appointment |
| <input type="radio"/> Better / higher quality of care | <input type="radio"/> On vacation / traveling / snowbirds |
| <input type="radio"/> Medical emergency | <input type="radio"/> Cost or insurance coverage |
| <input type="radio"/> Needed a specialist / service was not available locally | <input type="radio"/> Don't feel welcomed or valued by local providers |
| <input type="radio"/> Second opinion | |

Other (please specify)

YOUR HEALTH INSURANCE

Do you currently have health insurance?

- Yes No

Please indicate the source of your health insurance coverage.

- Employer (Your employer, spouse, parent, or someone else's employer)
- Individual (Coverage bought by you or your family)
- Federal Marketplace (Minnesota Care / Obamacare / Affordable Care Act)
- Medicare
- Medicaid
- Military (Tricare, Champus, VA)
- Indian Health Service (IHS)

Other (please specify)

DEMOGRAPHICS

What is your biological sex?

- Male Female

Do you, personally, identify as lesbian, gay, bisexual, transgender or queer?

- Yes No

How many people live in your house, including yourself? _____

How many children under age 18 currently live with you in your household? _____

Are you Spanish, Hispanic, or Latino in origin or descent?

- Yes No

What is your race? *(Select all that apply)*

- American Indian or Alaska Native
 Caucasian or White
 Asian
 Native Hawaiian or Pacific Islander
 Black or African American

Other *(please specify)*

How long have you been a US citizen?

- I am not a US citizen
• Are you planning to become a US citizen? Yes No Prefer not to answer
 0 - 5 years
 6 - 10 years
 More than 10 years

What language is spoken most frequently in your home? _____

What is your current marital status?

- Married Divorced
 Single, never married Widowed
 Unmarried couple living together Separated

Which of the following best describes your current living situation?

- House (*owned*)
- Apartment or House (*rental*)
- Homeless
- Some other arrangement

What is your primary mode of daily transportation?

- Automobile/Truck (*owned or leased*)
- Online Ride Service (*Uber / Lyft*)
- Taxi Service
- Public Transportation (*bus / subway / rail*)
- Other (*please specify*)
- Walk
- Bicycle
- Family, Friends or Neighbors
- I do not have a primary mode of daily transportation

What is the highest level of school you have completed or the highest degree you have received?

- Less than high school degree
- High school graduate (*high school diploma or equivalent including GED*)
- Some college but no degree
- Associate degree in college (*2-year*)
- Bachelor's degree in college (*4-year*)
- Master's degree
- Doctoral degree
- Professional degree (*JD, MD*)

Your current employment status is best described as:

- Employed (*full-time*)
- Employed (*part-time*)
- Self-employed
- Furloughed
- Not employed, looking for work
- Not employed, not looking for work
- Retired
- Disabled or unable to work

What is your total household income from all sources?

- Less than \$20,000
- \$20,000 - \$24,999
- \$25,000 - \$29,999
- \$30,000 - \$34,999
- \$35,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$199,999
- \$200,000 or more

Thank you for completing the survey. Your responses ensure more accurate and targeted solutions to address identified health issues.